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(City/State/Zip/Phone #)	
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PICK-UP WAIT M	۹IL
(Business Entity Name)	
(Document Number)	
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STATE COLLECTION SERVICE, INC.

2509 S. STOUGHTON RD. MADISON, WI 53716-3319

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find the completed Application by Foreign Corporation for Authorization to Transact Business in Florida.

You will also find our required fee and other forms that need to be filed.

Please send any mail correspondence to:

LARRY PFISTER
STATE COLLECTION SERVICE, INC.
2509 S. STOUGHTON RD.
MADISON, WI 53716-3319

If you have any questions regarding this application, please contact Larry Pfister at (608) 661-3000 or by fax at (608) 661-3001.

Sincerely,

Thomas Haag

President/Director

TH/cr

Enclosures

These documents have been completed by Catherine Ramstad, on behalf of our member. If you have any further questions, please call (952) 928-8000 ext. 232.

ACA International

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: State Collection Service, Inc.	
(Name of corporation	- must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to re to transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Larry Pfi	
(Name of I	Person) $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
State Collection S	
(Firm/Con	npany)
2509 S. Stough	ton Rd.
(Addre	ss)
Madison, WI 53	716-3319 Ç M 👝
(City/State ar	nd Zip code)
For further information concerning this matter, please ca	II:
Larry Pfister at (608) 661-3000
(Name of Person) (Area C	ode & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Ser.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	State Collection Service, Inc.								
	words or abbre	oration; must include the word "INCORPOR viations of like import in language as will cl- or partnership if not so contained in the nam	early	y indicate that it is					
2.	Wisconsin	· · · · · · · · · · · · · · · · · · ·		39-0788995					_
	(State or country	y under the law of which it is incorporated)		(F	EI number, if appl	icable)			
4.	01/04/1949		5.	Perpetual					
		te of incorporation)	,	(Duration: Year	corp. will cease to	exist c	or "perpe	tual")	_
6.	Upon Qualific	eation							
•		acted business in Florida. If corporation has (SEE SECTIONS 607.)				"upon	qualifica	ition."))
7.	2509 S. Stough	ton Rd., Madison, WI 53716-3319					 ,,;	9	_
		(Principal office	add	ress)			<u> </u>	7.00	
	PO Box 6250	Madison, WI 53716-0250						<u> </u>	77
		(Current mailing	add	ress)				19	M
R	Debt Collectio	n					F (7)	=	
υ.		c(s) of corporation authorized in home state of	or co	ountry to be carried	l out in state of Flo	rida)	37	90(-
9.	Name and st	<u>reet address</u> of Florida registered age	nt:	(P.O. Box or Ma	ail Drop Box <u>NO</u>	Tacc	eptable)	`_	
	Name:	c/o C T Corporation System							
o	ffice Address:	1200 South Pine Island Road		· · · · · · · · · · · · · · · · · · ·					
		Plantation		, Florida _	33324				
		(City)			(Zip code)				

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

~2 · C/11/12/17/2/C/2 11/2/2/2/2/2/2/	Andrea Mitlyng Assistant Secretary
(Registered agent's signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: SEE ATTACHMENT	
A. DIRECTORS	
Chairman:	
Address:	·
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	 & 8
Address:	
	<u></u>
B. OFFICERS SEE ATTACHMENT	
President: Thomas Duane Haag	· σ
Address: 2509 S. Stoughton Rd.	e o
Madison, WI 53716-3319	
Vice President: Tina Marie Hanson	
Address: 2509 S. Stoughton Rd.	
Madison, WI 53716-3319	
Secretary: Donna Jean Roeker	
Address: 2509 S. Stoughton Rd. Madison, WI 53716-3319	
Treasurer: Lawrence Emil Pfister	
Address: 2509 S. Stoughton Rd. Madison, WI 53716-3319	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
13. Annagay	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appl	ication)
14. Thomas Haag, President (Typed or printed name and capacity of person signing application)	

Attachment to Florida Officers & Directors

1. Full Name: Thomas Duane Haag

Officer/Director: Officer, Director

Officer's Title: President

Business Address: 2509 S. Stoughton Rd.

City: Madison

State: WI

ZIP Code: 53716-3319

2. Full Name: Tina Marie Hanson
Officer/Director: Officer, Director
Officer's Title: Vice President

Business Address: 2509 S. Stoughton Rd.

City: Madison

State: WI

ZIP Code: 53716-3319

3. Full Name: Donna Jean Roeker

Officer/Director: Officer, Director

Officer's Title: Secretary

Business Address: 2509 S. Stoughton Rd.

City: Madison State: WI

ZIP Code: 53716-3319

4. Full Name: Lawrence Emil Pfister

Officer/Director: Officer, Director

Officer's Title: Treasurer

Business Address: 2509 S. Stoughton Rd.

City: Madison

State: WI

ZIP Code: 53716-3319

DOM 180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

STATE COLLECTION SERVICE, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is JANUARY 4, 1949.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on August 5, 2003.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.